



MS School of Ministry Internship Registration Form



*Mentors must be approved by the MS-SOM Director **prior** to beginning the Internship Program.
Return signed form along with tuition (\$25) to the MS School of Ministry.
You will be notified when your mentor has been approved.*

Student Name: _____

Address: _____

Email Address: _____

Home Church: _____ City: _____

Present Marital Status: Single Married Divorced

Have you and/or your spouse ever been divorced in the past? Yes No

Have you ever filed bankruptcy? Yes No

If you answer yes to either of the previous two questions, the credentialing secretary will be in contact with you regarding additional information needed prior to processing your credential application.

Credential Committee Meeting you wish to attend: Circle one: February August Year _____

Credential Level: _____ Number of Courses Completed: _____

Pastor/Mentor Requested: _____

I declare the information stated above is true and accurate to the best of my knowledge. I have read the Internship Introduction & Information, Strategy and Requirements and agree to adhere to them as set forth.

Student Signature

Date

Approved: _____
(DSOM Director)

Date